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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2003

DOCUMENT # M02000002223

1. Limited Liability Company's Name
PRF 21, LLC

2. Principal Office Address		3. Mailing Office Address	
445 Broad Hollow Road		114 West 47th Street	
Suite, Apt. #, etc. Suite 239		Suite, Apt. #, etc. Suite 1716	
City & State: Melville, New York		City & State: New York, New York	
Zip: 11747	Country: Suffolk	Zip: 10036	Country: New York

4. State/Country of Formation: Delaware / U.S.A.

5. Date Organized or Qualified To Do Business in Florida: August 23, 2002

6. FEI Number: 02-0643271 ☒ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: LexisNexis Document Solutions Inc.
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.
City: Tallahassee State: FL Zip Code: 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Janet M. Bidlake Assistant Secretary Date: October 24, 2003
JANET M. BIDDLE REGISTERED AGENT MUST SIGN Secretary

CR2E011 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Christopher J. Burt	114 West 47th Street, Suite 1716	New York, New York 10036
Manager	Michelle Moezzi	114 West 47th Street, Suite 1716	New York, New York 10036
Manager	Tony Wong	445 Broad Hollow Road, Suite 239	Melville, New York 11747

10-24-03

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date 10/23/03 Daytime Phone # 212.302.5151 x20

Typed or printed name of signing Managing Member/Manager: Michelle Moezzi - Manager

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

LIMITED LIABILITY REINSTATEMENT

FRF 21, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$150.00

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